

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004831

STATE FILE NUMBER

AMENDED

FILED JAN 10 1962

Primary Registration District No.

541

Registrar's No.

188

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New York COUNTY Onondaga	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		c. CITY OR TOWN Van Buren	
Length of stay in 1b 1 Day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. Louis County Hospital		d. STREET ADDRESS (If outside, give location) 121 Jones Rd.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Corinne Middle M. Last Brzyski		4. DATE OF DEATH Month Jan. Day 14 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/11/1924
9. AGE (last birthday) 37		10. IF UNDER 1 YEAR Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Metropolitan Ins. Co.	
11. BIRTHPLACE (City and state or country) Syracuse, N.Y.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Dionysius Capocefalo		13b. MOTHER'S MAIDEN NAME Anne Petro	
14. NAME OF HUSBAND OR WIFE Joseph		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Anne Capocefalo, 275 Hickok-Syracuse, N.Y.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured berry aneurysm DUE TO (b) Congenital aneurysm DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH [REDACTED]	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyelonephritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from JAN. 13, 1962 to JAN. 14, 1962 and last saw her live on JAN. 14, 1962 Death occurred at 6:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS 601 S. BRENTWOOD	
22c. DATE SIGNED 1/14/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 1-15-62		23c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery	
23d. LOCATION (City, town, or county) Syracuse, N.Y.		24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.	
25. DATE RECD. BY LOCAL REG. 1-14-62		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3653

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.